

12/16/97
JC550 U.S. PTO

201-39500

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. FINKL 183 US Total Pages 18

First Named Inventor or Application Identifier

Algirdas A. Underys

Express Mail Label No. E1529676309US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 8] (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets _____]	a. <input type="checkbox"/> Computer Readable Copy
4. Oath or Declaration [Total Pages _____]	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
6. <input type="checkbox"/> Microfiche Computer Program (Appendix) (if applicable, all necessary)	
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label: _____ or Correspondence address below
(Insert Customer No. or Attach bar code label here): _____

NAME	James G. Staples			
	A: Finkl & Sons Co.			
ADDRESS	2011 North Southport Avenue			
	Chicago			
CITY	Chicago	STATE	IL	ZIP CODE
COUNTRY	USA	TELEPHONE	(773) 975-2500	FAX (773) 975-2636

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

TRANSMITTAL OF UTILITY PATENT APPLICATION FOR FILING

to Honorable Commissioner of Patents and Trademarks
Washington, DC 20231

Dear Sir:

Transmitted herewith for filing is the utility patent application of inventor(s):

Algirdas A. Underys

entitled: "HEAT TREATMENT METHOD & APPARATUS"

1. Enclosed are:

A duplicate copy of this transmittal letter.
 One stamped, self-addressed postcard for the PTO Mail Room date stamp.
 One utility patent application, paged 1 - 8, and
 A declaration or oath for the utility patent application
 including a power of attorney, and
 -X- sheets of informal drawings. (There are no formal drawings in this application.)
 A certified copy of a _____ application, No. _____.
 An Associate Power of Attorney.
 An Assignment of the invention to A. Finkl & Sons Co.
 A document listing certain art.
 A Verified Statement to Establish Small Entity Status under 37 CFR 1.9 and 37 CFR 1.27.
 Other: n/a

2. The filing fee has been calculated as shown below:

OTHER THAN A LARGE ENTITY

	(Col. 1)	(Col. 2)	SMALL ENTITY		LARGE ENTITY	
FOR:	No. Filed	No. Extra	Rate	Fee	Rate	Fee
BASIC FEE	n/a	n/a	n/a	\$395.00	OR	n/a
TOTAL CLAIMS	14 -20 =	0	0	0	OR	\$00.00
INDEPENDENT CLAIMS	2 -03 =	0	0	0	OR	\$00.00
MULTIPLE DEPENDENT CLAIMS PRESENTED					OR	\$00.00
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL	\$395.00	OR	TOTAL
						\$00.00

Please charge my Deposit Account No. 02-0400 in the amount of _____ to cover filing fees. When identifying this amount, please use our Attorney Docket No. _____.

Please charge my Deposit Account No. 02-0400 in the amount of _____ to cover assignment recordal fees. When identifying this amount, please use our Attorney Docket No. _____.

A check in the amount of 395.00 is enclosed to cover filing fees.

A check in the amount of 40.00 is enclosed to cover recordal fees.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-0400.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-0400.

Any patent application processing fees under 37 CFR 1.17.

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

3. This utility patent application is related to: _____

Attorney's Signature:

James G. Staples Dec. 15, 1997

James G. Staples, Reg. No. 19,013

date

A. FINKL & SONS CO.

2011 North Southport Avenue
Chicago, IL 60614

JC560 U.S.P.T.O.
08/991113
12/16/97